



COMMONWEALTH OF VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Service Authorization (SA) Form

HEPATITIS C ANTIVIRALS:

MAVYRET™ (GLECAPREVIR/PIBRENTASVIR) and SOFOSBUVIR/VELPATASVIR

If the following information is not complete, correct, or legible, the SA process can be delayed.

Please use one form per member.

MEMBER INFORMATION

Last Name:

Grid for last name input

First Name:

Grid for first name input

Medicaid ID Number:

Grid for Medicaid ID number input

Date of Birth:

Grid for date of birth input (MM-DD-YYYY)

Gender: Male Female

Member Age: _____

PRESCRIBER INFORMATION

Last Name:

Grid for last name input

First Name:

Grid for first name input

NPI Number:

Grid for NPI number input

Phone Number:

Grid for phone number input (XXX-XXX-XXXX)

Fax Number:

Grid for fax number input (XXX-XXX-XXXX)

DRUG INFORMATION

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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DIAGNOSIS

- Chronic Hepatitis C Compensated cirrhosis Hepatocellular carcinoma
- Decompensated cirrhosis (Child-Pugh score class B or C) Status post-liver transplant

HCV Genotype:

- 1a with polymorphism (*submit test results*) 1a without polymorphism (*submit test results*)
- 1b 2 3 4 5 6

Choose One: Treatment initiation Continuation of therapy, current week: _____

ADHERENCE

- 1. Has the prescriber assessed the member for adherence with medical and pharmacological treatment?
 Yes No

Prescriber Signature (Required)

Date

By signature, the Physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the SA process.

Submission of documentation does NOT guarantee coverage by the Department of Medical Assistance Services.

The completed form may be: **FAXED TO 800-932-6651**, phoned to 800-932-6648, or mailed to:
Magellan Medicaid Administration / ATTN: MAP
11013 W. Broad Street, Glen Allen, VA 23060